

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/5702, 221	FILING DATE					
							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	2						53						
4	2						54						
5	①						55						
6	①						56						
7	②						57						
8	2						58						
9	①						59						
10	①						60						
11	①						61						
12	①						62						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	1	1	1	1	1							
TOTAL DEP.	23	23	23	23	23	23							
TOTAL CLAIMS	24	24	24	24	24	24							